

North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch



ATTENTION HEALTH CARE PROVIDERS:

Please report relevant clinical findings about this disease event to the local health department.

STREPTOCOCCAL INFECTION, GROUP A, INVASIVE
Confidential Communicable Disease Report—Part 2
NC DISEASE CODE: 61

REMINDER to Local Health Department staff: If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

Patient's Last Name First Middle Suffix Maiden/Other Alias Birthdate (mm/dd/yyyy) SSN

NC EDSS LAB RESULTS Verify if lab results for this event are in NC EDSS. If not present, enter results.

Table with 8 columns: Specimen Date, Specimen #, Specimen Source, Type of Test, Test Result(s), Description (comments), Result Date, Lab Name—City/State

NC EDSS PART 2 WIZARD COMMUNICABLE DISEASE

Is/was patient symptomatic for this disease? If yes, symptom onset date (mm/dd/yyyy): CHECK ALL THAT APPLY: Injury/wound/break in skin If yes: Recent/acute Pre-existing Date: Anatomic site: Principal wound type: Current chicken pox (varicella) infection

During the 7 days prior to onset of symptoms, did the patient have surgery (besides oral surgery), obstetrical or invasive procedure? Visit/admit date (mm/dd/yyyy): Type of procedure Provider name Facility name City State Country Was facility notified regarding ill patient? Name of person notified Date notified (mm/dd/yyyy):

Is the patient a post-partum mother (<6 weeks)? Was patient hospitalized for this illness >24 hours? Hospital name: City, State: Hospital contact name: Telephone: Admit date (mm/dd/yyyy): Discharge date (mm/dd/yyyy): Discharge/Final diagnosis:

REASON FOR TESTING

Why was the patient tested for this condition? Symptomatic of disease Screening of asymptomatic person with reported risk factor(s) Exposed to organism causing this disease (asymptomatic) Household / close contact to a person reported with this disease Other, specify Unknown

PREDISPOSING CONDITIONS

Any immunosuppressive conditions? Specify:

CLINICAL FINDINGS

Meningitis Arthritis Osteomyelitis Myositis Necrotizing fasciitis Gangrene Amputation Pneumonia Pericarditis Bacteremia Septicemia / sepsis Other symptoms, signs, clinical findings, or complications consistent with this illness?

| | | | | | | |
|---------------------|-------|--------|--------|--------------|-------|-------------------------------|
| Patient's Last Name | First | Middle | Suffix | Maiden/Other | Alias | Birthdate (mm/dd/yyyy) / / |
| | | | | | | SSN / / |

TREATMENT

Did patient take an antibiotic as treatment for this illness? Y N U

If yes, specify antibiotic name: _____

Notes:

CLINICAL OUTCOMES

Survived? Y N U

Died? Y N U

Died from this illness? Y N U

Date of death (mm/dd/yyyy): ____/____/____

TRAVEL/IMMIGRATION

The patient is:

Resident of NC

Resident of another state or US territory

None of the above

CHILD CARE/SCHOOL/COLLEGE

Patient in child care? Y N U

Patient a child care worker or volunteer in child care? Y N U

Patient a parent or primary caregiver of a child in child care? Y N U

Is patient a student? Y N U

Is patient a school WORKER/VOLUNTEER in NC school setting? Y N U

Give details:

BEHAVIORAL RISK & CONGREGATE LIVING

During the 7 days prior to onset of symptoms did the patient live in any congregate living facilities (correctional facility, barracks, shelter, commune, boarding school, camp, dormitory/sorority/fraternity)? Y N U

Name of facility: _____

Dates of contact: from ____/____/____ until ____/____/____

In what setting was the patient most likely exposed?

| | |
|---|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Place of Worship |
| <input type="checkbox"/> Home | <input type="checkbox"/> Outdoors, including woods or wilderness |
| <input type="checkbox"/> Work | <input type="checkbox"/> Athletics |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Farm |
| <input type="checkbox"/> School | <input type="checkbox"/> Pool or spa |
| <input type="checkbox"/> University/College | <input type="checkbox"/> Pond, lake, river or other body of water |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Hotel / motel |
| <input type="checkbox"/> Doctor's office/ Outpatient clinic | <input type="checkbox"/> Social gathering, other than listed above |
| <input type="checkbox"/> Hospital In-patient | <input type="checkbox"/> Travel conveyance (airplane, ship, etc.) |
| <input type="checkbox"/> Hospital Emergency Department | <input type="checkbox"/> International |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Community |
| <input type="checkbox"/> Long-term care facility /Rest Home | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Military | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Prison/Jail/Detention Center | |

OTHER EXPOSURE INFORMATION

Does the patient know anyone else with similar symptoms? Y N U

If yes, specify:

CASE INTERVIEWS/INVESTIGATIONS

Was the patient interviewed? Y N U

Date of interview (mm/dd/yyyy): ____/____/____

Were interviews conducted with others? Y N U

Who was interviewed?

Were health care providers consulted? Y N U

Who was consulted?

Medical records reviewed (including telephone review with provider/office staff)? Y N U

Specify reason if medical records were not reviewed:

Notes on medical record verification:

GEOGRAPHICAL SITE OF EXPOSURE

In what geographic location was the patient MOST LIKELY exposed?

Specify location:

In NC

City _____

County _____

Outside NC, but within US

City _____

State _____

County _____

Outside US

City _____

Country _____

Unknown

Is the patient part of an outbreak of this disease? Y N

Notes:

Streptococcus infection, group A, invasive (*Streptococcus pyogenes*)

1995 CDC Case Definition

Clinical description

Invasive group A streptococcal infections may manifest as any of several clinical syndromes, including pneumonia, bacteremia in association with cutaneous infection (e.g., cellulitis, erysipelas, or infection of a surgical or nonsurgical wound), deep soft-tissue infection (e.g., myositis or necrotizing fasciitis), meningitis, peritonitis, osteomyelitis, septic arthritis, postpartum sepsis (i.e., puerperal fever), neonatal sepsis, and nonfocal bacteremia.

Laboratory criteria for diagnosis

- Isolation of group A *Streptococcus* (*Streptococcus pyogenes*) by culture from a normally sterile site (e.g., blood or cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid)

Case classification

Confirmed: a case that is laboratory confirmed

Comment

See also Streptococcal Toxic-Shock Syndrome.